



## GLASGOW LOCAL MEDICAL COMMITTEE LIMITED

### COVID PRACTICE COMMUNICATION NO 16

28th Aug 2020

#### To All GPs and GP Practices

We hope everyone has been keeping well over the last few weeks. Hopefully, like ourselves, you will have had an opportunity to take some well-earned time off to recharge the batteries. We have a lot to cover in this newsletter so please take time to read and also to circulate to your practice team members.

#### GP Practices Virtual Zoom Meetings

We have scheduled Zoom meetings to engage with GPs and Practice Managers about all the major issues such as Flu and CACs that are coming up. They are on-

Tuesday 8th September at 7pm

Glasgow City HSCP Practices

Wednesday 9th September at 7pm

Renfrew, East Ren, East Dun, West Dun, Inverclyde

The next weeks and months will be challenging for general practices with delivery of the annual flu programme amidst the ongoing need to socially distance and increasing practice workload. Also, the CACs and the community pathway have recently been under strain following a sharp increase in referrals. Therefore we felt that it is important to hear from GPs and practices at this stage and to update everyone on developments. We will email the Joining Instructions to GPs and practices in due course.

#### Flu Programme

We have agreed the [local Flu Programme plan with the Health Board](#). The plan is in line with the Flu Letter that was sent to practices on 13 August. The plan is that practices will focus on organising and delivering the flu vaccine to the 18-64 at-risk group. Stability of funding for practices is vital and the agreement is that practices will be paid an average of the last 3 years' achievement.

It is recognised that some practices will not be able to deliver for the 18-64 cohort and for those practices, the local agreement will be that practices contribute practice staff time to the wider HSCP flu immunisation centres. The local formula (in the 13th August letter) for calculating the time contribution was provisional and now been superseded by the national DES agreement as below.

The National Influenza and Pneumococcal Directions was published on Tuesday 25 August- [PCA\(M\)\(2020\)14](#). This is the national deal which is the default position if a Board area is unable to agree a local plan. **We have agreed a deal in GGC.** The National agreement focuses mainly on practices contributing staff vaccinator time to the Health Board in 5hour session blocks. However in addition, there is an expectation that practices will deliver a set number of opportunistic vaccinations. The National Formula for Sessions to contribute is calculated from the average number of flu vaccinations over the past 3 years that the practice has achieved.

$$\frac{\text{Average Number of Vaccinations (ANV)}}{135} = \text{Influenza Sessional Commitment (ISC)}$$

**E.g. a practice with an ANV of 1,800, the ISC would be 14 x 5hour sessions (13.33 rounded up) equating to 70 hours of time.**

The process has begun in all HSCPs to ask practices about their intentions for the flu programme. Flu vaccine ordering via Movianto will begin very soon for those practices who will be engaged in the 18-64 at risk. Please refer to the joint letter on Flu (sent on 27th August) for further information on vaccine ordering

There are a number of issues which need to be resolved and agreed with regards to the deployment and governance of practice employed staff to the Board run vaccination centres. We hope to have further answers by the time we hold our LMC Zoom meeting in September.

### **Covid Pathway- Community Assessment Centres**

At the start of this week we saw a sudden and potentially destabilising upturn in activity at the CACs. The numbers of patients exceeded the CAC capacity and dozens of patients were sent to GP OOHs impacting on that service. CACs had been downsized in recent weeks due to reduced demand and the difficulty in staffing, and this is now being urgently reviewed.

The upturn in demand on CACs seems to reflect patients, particularly children (now back at school), being directed to attend CACs to obtain testing who did not require a clinical assessment. The current criteria for patient referral to CACs by GPs remains the same as we highlighted in [GP Practice Communication No 10](#) and [GP Practice Communication No 13](#).

For Triage Pathways refer to: [COVID19 Triage Pathway v23](#)  
[Covid-19 Asymptomatic Non Covid Presentations](#)

GPs need to be aware that the CACs are currently seeing patients with potential Covid who would otherwise require to be seen in practices. If the CACs are overwhelmed and collapse due to inadequate capacity, practices would need to make their own arrangements to safely see potential Covid cases during the in-hours period. It is in the interests of GPs, their staff and patients to avoid this from happening.

This requires GPs to offer their time to support the CACs and to refer only patients who it is necessary to be seen for clinical assessment in the centres. There is a need to increase the capacity within CACs in the immediate short term and to build resilience for what is expected to be a wider respiratory pathway over the winter. We are discussing with the Board how the whole system response that was spoken of earlier in the year can be made a reality as we recognise that General Practice, and the wider Primary Care system, cannot support a much larger respiratory pathway in addition to keeping non-Covid services running and delivering a much increased flu campaign. However, we would like to impress upon you how imperative it is that we continue to be able to cohort and stream Covid cases away from General Practice and that doing so requires your support.

We would encourage you to contact: [Carole.Noonan@ggc.scot.nhs.uk](mailto:Carole.Noonan@ggc.scot.nhs.uk) to enquire about shifts and being added to a database of available GPs. Various roles, including remote roles, are available.

### GMS Uplift 2020/21

The Scottish Government has announced the uplift for GMS funding for this year- [PCA\(M\)\(2020\)13](#). GP pay net of expenses increases by 2.8%. There is an increase of 2.95% for practice staff pay increase with an increase of 1.7% for non-staff expenses.

This means a total uplift of 3.2% to practices' Global Sum payments and to the Income and Expenses Guarantee.

The Scottish Government is keen that all practices apply the uplift to their practice staff unless there are circumstances specific to the practice and staff member.

### West Glasgow ACH Testing Centre re-open Wednesday 26 August

With numbers attending the national testing centres at Glasgow Airport and Port Glasgow increasing, it has been agreed that the West Glasgow testing centre will re-open on Wednesday for testing of **symptomatic household contacts** of NHSGGC health and social care staff (including care home staff, GPs, dentists and community pharmacists).

Referral will be by appointment and anyone wishing for a symptomatic household contact to be tested should arrange an appointment using the [following e-referral form](#).

With warm regards and all best wishes to you all.

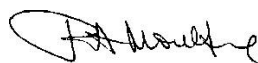
Yours sincerely,



**Dr Alan McDevitt C.B.E.**  
Chair



**Dr John Ip**  
Medical Director



**Dr Patricia Moultrie**  
Medical Director



**Mary Fingland**  
Business. Coordinator

### LMC Document Highlight List

Please be aware that this is NOT a comprehensive list of all the available guidance that has been sent to GPs. These are the current key documents which we feel are important to GP practices. Please make sure that your practice's generic NHSmail box is monitored daily.

### From Week Beginning 3rd August 2020

#### Pandemic Annual Medication Service Documents

- [PAMS Letter 06 08 20](#)
- [2020PandemicAnnualMedicationServicev7](#)
- [PandemicAnnualPrescribingPathwayv2](#)
- [GP Creating an ANNUAL PRESCRIPTION COVID V2](#)

#### CMO Letter on Enhanced Surveillance of Covid-19 in Scotland- 7th Aug 2020

- [Community surveillance extension letter - SGHD CMO\(2020\)18](#)

## Public Health Scotland- Covid-19 Primary Care Cell Briefing Report

- [PC Cell brief Final v1.7 30072020](#)

### From Week Beginning 10th August 2020

#### Influenza Programme 2020/21

- [GGC Flu Letter 13 Aug 2020](#)
- [National Procurement Seasonal Flu Newsletter](#)

#### Consultant Connect- Medial Paediatric Triage Referral Service

- [Consultant Connect for MPTRS](#)

### From Week Beginning 17th August 2020

#### Shielding Update- Maintenance of register

- [Shielding Update Paper Email](#)
- [Item 2ia - Shielding Paused New Patients Letter](#)
- [Item 2ib - Shielding Paused Removal Letter 18 and over](#)
- [Item 2ic - Shielding Paused Removal Letter Under18](#)

### From Week Beginning 24th August 2020

#### Influenza Programme 2020/21

- [Seasonal Flu Influenza Immunisation 2020-21 Joint SG-BMA Statement](#)
- [PCA\(M\)\(2020\)14 - Influenza and Pneumococcal DES](#)
- [GGC Joint Flu Letter 26082020](#)
- [BMA Flu Letter from Andrew Buist 27 August 2020](#)

#### Scottish Government Letter GMS uplift 2020/21

- [PCA\(M\)\(2020\)13 - GP Pay Uplift 2020-21](#)

#### Services Recovery Plans

- [Podiatry recovery plan Email](#)
- [GP Comms re MSK Physiotherapy Remobilisation](#)

#### NHS Education for Scotland

- [NES GP Covid 19 Spotlight](#)
- [Risk assessment LTC](#)
- [Risk assessment refusal to wear face covering](#)

#### Sandyford- Accessing Profession Support- update

- [Sandyford professional support services info for practices](#)